2021 COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

Polk, Warren, and Dallas Counties, Iowa

Sponsored by
UnityPoint Health-Des Moines
MercyOne Des Moines
Broadlawns Medical Center
Polk County Health Department
Dallas County Health Department
Warren County Health Services
United Way of Central Iowa
EveryStep
Mid Iowa Health Foundation

2021-0890-02

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents of Central Iowa. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of UnityPoint Health-Des Moines, MercyOne Des Moines, Broadlawns Medical Center, Polk County Health Department, Dallas County Health Department, Warren County Health Services, United Way of Central Iowa, EveryStep, and Mid Iowa Health Foundation by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for comparison to benchmark data at the state and national levels.

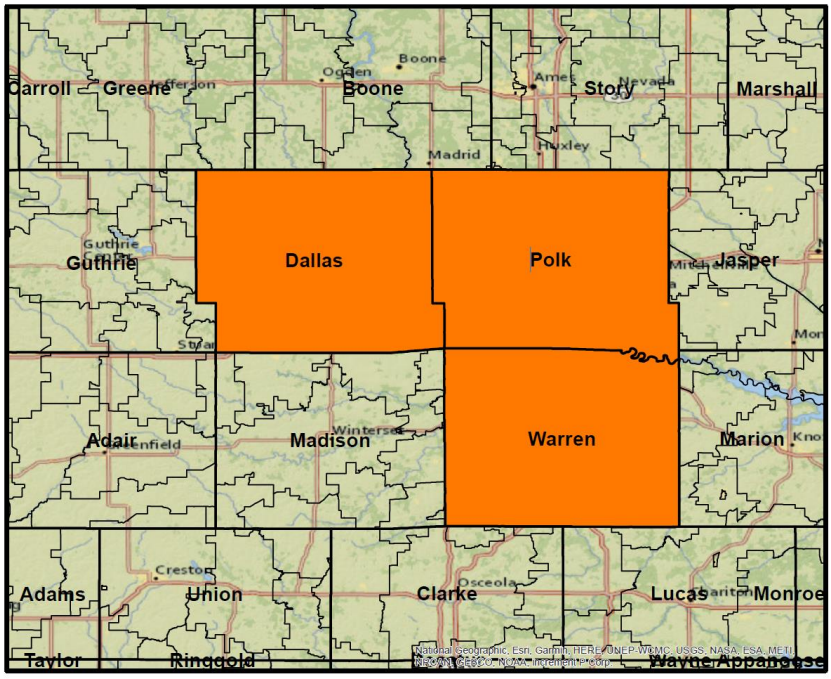
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by the study sponsors and PRC.

Community Defined for This Assessment

The study area for the survey effort (referred to as the “Total Service Area”) includes Polk, Warren, and Dallas counties in Iowa. This community definition, determined based on the ZIP Codes of residence of recent patients of the partnering hospitals and the service area of other partnering organizations, is illustrated in the following map.

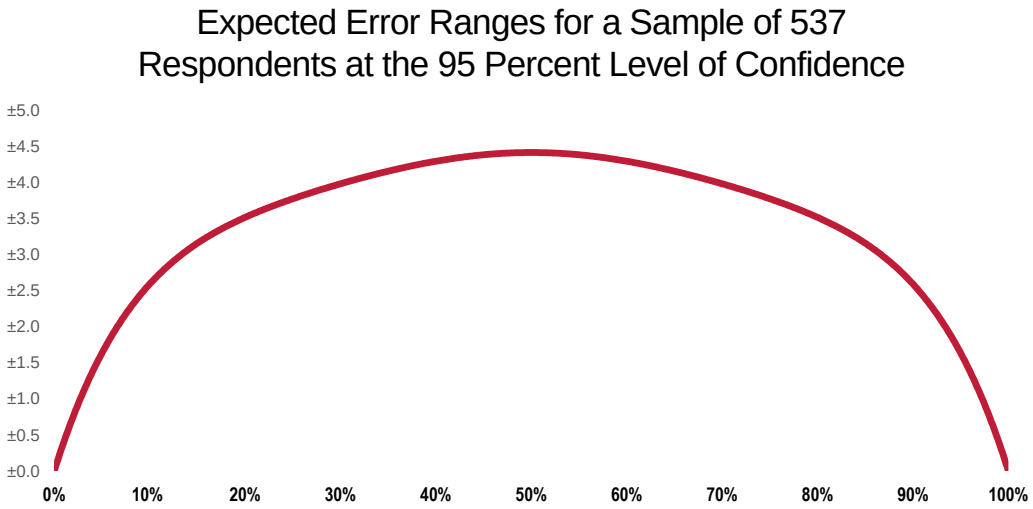


Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires. The sample design used for this effort consisted of a stratified random sample targeting 400 residents age 18 and older via telephone surveying. Additional participation was promoted by the study sponsors by sharing a link (via social media, direct email, etc.) to take the survey online; an additional 137 surveys were captured this way.

In all, 537 individuals age 18 and older in the Total Service Area completed the PRC Community Health Survey, including 375 in Polk County, 61 in Warren County, and 101 in Dallas County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Total Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 537 respondents is ±4.4% at the 95 percent confidence level.



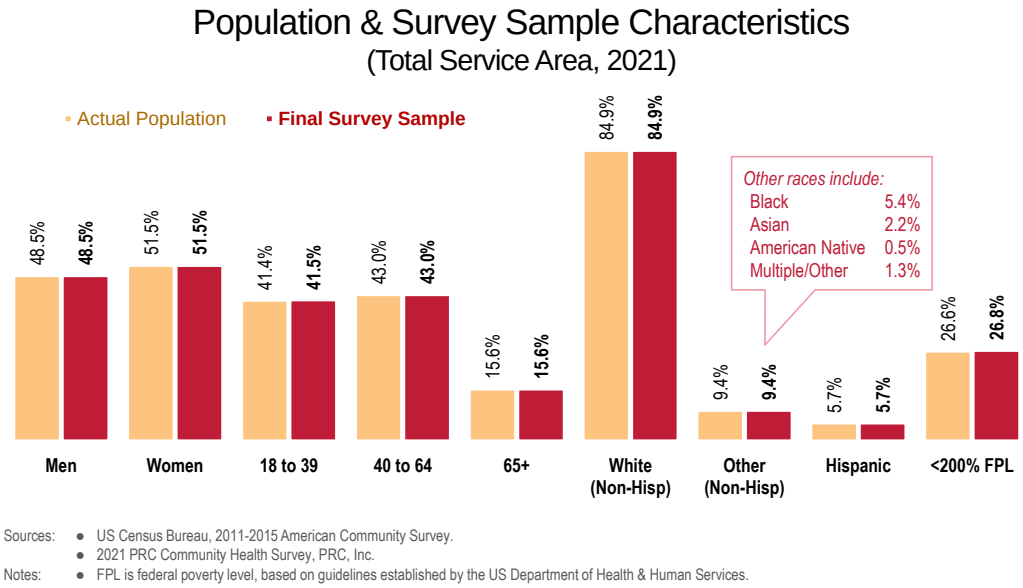
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 537 respondents answered a certain question with a "yes," it can be asserted that between 7.4% and 12.6% (10% ± 2.6%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.6% and 54.4% (50% ± 4.4%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s health care needs, and these children are not represented demographically in this chart.]



The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by the study sponsors; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 66 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	2
Public Health Representatives	6
Other Health Providers	6
Social Services Providers	4
Other Community Leaders	48

Final participation included representatives of the organizations outlined below.

- Aging Resources
- American Lung Association
- Blank Children's Pediatrics
- Broadlawns Medical Center

- Children and Families of Iowa
- Chrysalis Foundation
- Common Good Iowa
- Community Health Partners
- Continuum of Care
- Corinthian Baptist Church
- Crisis Intervention Advocacy Center
- Dallas County EMS
- Dallas County Health Department
- Dallas County Hospital
- Dallas County Health Department
- Dallas County Sheriff
- Dallas County Veterans Affairs
- DMARC
- DM Area Medical Ed Consortium
- Drake University College of Pharmacy and Health Sciences
- Eat Greater Des Moines
- Evelyn K Davis Center for Working Families
- EveryStep
- Free Clinics of Iowa
- Greater Des Moines Partnership
- Greater Des Moines Community Foundation
- Great Outdoor Foundation
- Heart of Iowa Community Services
- Iowa Department of Public Health Division
- Iowa Ace's 360
- Iowa Chronic Care Consortium
- Iowa Department of Public Health
- Iowa Healthiest State Initiative
- ISU Extension and Outreach in Dallas County
- Johnston Comm Schools District
- Lutheran Services of Iowa
- Mercy Medical Center
- Ministerial Alliance
- Oakridge Neighborhood
- Orchard Place
- Perry Public Library
- Pillars of Promise
- Polk County Health Department
- Polk County Health Services
- Polk County Housing Trust Fund
- Proteus
- Sixth Avenue Corridor
- The Harkin Institute
- Trinity Las Americas
- Tyson Inc.
- UnityPoint Health - Des Moines
- Warren County Public Health
- Waukee YMCA
- Woodward Public Library
- YMCA of Greater DSM

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Total Service Area were obtained from the following sources:

- Center for Applied Research and Engagement Systems (CARES) , University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data.

Benchmark Data

Iowa Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. When comparing against statewide figures, note that these data were collected prior to the COVID-19 pandemic.

State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence.

When comparison survey results with national benchmarks, note that these data were collected prior to the COVID-19 pandemic.

National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this summary represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this study, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

The sponsoring hospital partners made prior Community Health Needs Assessment (CHNA) reports publicly available through their websites; through that mechanism, the hospitals requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, no written comments had been received. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. The hospitals will continue to use their websites as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access – Inconvenient Office Hours – Cost of Prescriptions – Appointment Availability – Lack of Transportation ▪ Skipping/Stretching Prescriptions
CANCER	▪ Leading Cause of Death
HEART DISEASE & STROKE	▪ Leading Cause of Death
INFANT HEALTH & FAMILY PLANNING	▪ Prenatal Care ▪ Teen Births
INJURY & VIOLENCE	▪ Unintentional Injury Deaths – Fall-Related Deaths [Age 65+]
MENTAL HEALTH	▪ “Fair/Poor” Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Stress ▪ Receiving Treatment for Mental Health ▪ Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Overweight & Obesity [Adults] ▪ Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
POTENTIALLY DISABLING CONDITIONS	▪ High-Impact Chronic Pain ▪ Alzheimer’s Disease Deaths
RESPIRATORY DISEASE	▪ Key Informants: COVID-19 ranked as a top concern.
SEXUAL HEALTH	▪ Gonorrhea Incidence
SUBSTANCE ABUSE	▪ Illicit Drug Use ▪ Personally Impacted by Substance Abuse (Self or Other’s) ▪ Key Informants: Substance abuse ranked as a top concern.

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Respiratory Disease (COVID-19)
3. Nutrition, Physical Activity & Weight
4. Substance Abuse
5. Heart Disease & Stroke
6. Access to Healthcare Services
7. Infant Health & Family Planning
8. Injury & Violence
9. Disability & Chronic Pain
10. Sexual Health
11. Cancer

Hospital Implementation Strategies

Hospital partners will use the information from this Community Health Needs Assessment to develop Implementation Strategies to address the significant health needs in the community. While the hospitals will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospitals' action plans to guide community health improvement efforts in the coming years.

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

- In the following tables, Total Service Area results are shown in the larger, gray column.
- The columns to the left of the Total Service Area column provide comparisons among the three counties, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.
- The columns to the right of the Total Service Area column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the Total Service Area compares favorably (), unfavorably (), or comparably () to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

SOCIAL DETERMINANTS	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	3.5	0.3	2.2	**3.1**	2.1	4.3	
Population in Poverty (Percent)	10.4	8.2	5.2	**9.5**	11.5	13.4	8.0
Children in Poverty (Percent)	13.6	10.1	5.3	**12.0**	13.8	18.5	8.0
No High School Diploma (Age 25+, Percent)	8.5	4.6	4.4	**7.6**	7.9	12.0	
% Unable to Pay Cash for a $400 Emergency Expense	28.7	10.4	11.4	**25.0**		24.6	
% Worry/Stress Over Rent/Mortgage in Past Year	35.2	15.0	17.5	**31.2**		32.2	
% Unhealthy/Unsafe Housing Conditions	17.3	5.4	8.4	**15.2**		12.2	
% Food Insecure	31.3	10.5	14.3	**27.4**		34.1	
% Disagree That Community is Welcoming to all Sexual Orientations	17.4	12.1	22.6	**17.6**			
% Disagree That Community is Welcoming to all Races/Ethnicities	14.6	6.5	15.3	**14.0**			

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

OVERALL HEALTH	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
% "Fair/Poor" Overall Health	13.4	4.3	9.0	12.1	14.4	12.6	
					better	similar	worse

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

ACCESS TO HEALTH CARE	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
% [Age 18-64] Lack Health Insurance	5.0	1.7	5.2	4.8	9.6	8.7	7.9
% Difficulty Accessing Health Care in Past Year (Composite)	46.8	38.9	35.7	44.8		35.0	
% Cost Prevented Physician Visit in Past Year	15.5	3.4	4.4	13.1	8.5	12.9	
% Cost Prevented Getting Prescription in Past Year	19.5	13.3	8.2	17.5		12.8	
% Difficulty Getting Appointment in Past Year	22.1	13.6	18.5	21.0		14.5	
% Inconvenient Hrs Prevented Dr Visit in Past Year	17.1	19.7	12.3	16.7		12.5	
% Difficulty Finding Physician in Past Year	11.2	9.9	6.5	10.5		9.4	

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
% Transportation Hindered Dr Visit in Past Year	15.1	1.1	4.6	12.6		8.9	
% Language/Culture Prevented Care in Past Year	2.7	1.1	2.4	2.5		2.8	
% Recent Healthcare Experiences Were “Worse” Based on Race	6.6	1.8	2.6	5.7			
% Skipped Prescription Doses to Save Costs	18.8	18.4	9.4	17.6		12.7	
% Difficulty Getting Child's Health Care in Past Year				10.4		8.0	
% Avoided Medical Care Since March 2020 Due to COVID-19	24.6	15.1	20.0	23.2			
Primary Care Doctors per 100,000	99.3	57.9	45.9	88.4	73.0	76.7	
% Have a Specific Source of Ongoing Care	76.3	83.9	77.7	77.1		74.2	84.0
% Have Had Routine Checkup in Past Year	68.3	72.4	77.0	69.7	77.2	70.5	
% Child Has Had Checkup in Past Year				85.0		77.4	
% Two or More ER Visits in Past Year	13.5	1.1	7.4	11.7		10.1	

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
% Eye Exam in Past 2 Years	54.0	58.2	72.8	56.8		61.0	61.1
% Rate Local Health Care "Fair/Poor"	8.4	9.4	4.2	7.9		8.0	

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

CANCER	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
Cancer (Age-Adjusted Death Rate)	158.7	151.0	131.3	154.2	154.7	149.3	122.7
Lung Cancer (Age-Adjusted Death Rate)				37.7	37.8	34.9	25.1
Prostate Cancer (Age-Adjusted Death Rate)				21.1	20.5	18.6	16.9
Female Breast Cancer (Age-Adjusted Death Rate)				18.4	18.1	19.7	15.3
Colorectal Cancer (Age-Adjusted Death Rate)				13.2	14.0	13.4	8.9
Cancer Incidence Rate (All Sites)	461.8	458.6	440.7	458.8	479.0	448.7	

CANCER (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
Female Breast Cancer Incidence Rate	125.8	147.1	134.8	**128.9**	128.9	125.9	
Prostate Cancer Incidence Rate	97.3	88.4	98.5	**96.6**	107.7	104.5	
Lung Cancer Incidence Rate	68.0	58.4	59.2	**66.0**	63.3	58.3	
Colorectal Cancer Incidence Rate	42.5	39.0	31.5	**40.8**	43.7	38.4	
% Cancer	9.3	9.1	7.2	**9.0**	12.2	10.0	
% [Women 50-74] Mammogram in Past 2 Years				**84.4**	80.7	76.1	77.1
% [Women 21-65] Cervical Cancer Screening				**84.9**	81.1	73.8	84.3
% [Age 50-75] Colorectal Cancer Screening				**72.9**	71.7	77.4	74.4
					better	similar	worse

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

DIABETES	DISPARITY AMONG COUNTIES: Polk County	Warren County	Dallas County	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS: vs. IA	vs. US	vs. HP2030
Diabetes (Age-Adjusted Death Rate)	20.4	15.9	14.3	19.1	21.6	21.5	
% Diabetes/High Blood Sugar	9.8	15.3	16.0	11.1	10.3	13.8	
% Borderline/Pre-Diabetes	6.5	4.4	9.9	6.8		9.7	
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	38.8	33.8	46.9	39.4		43.3	

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

HEART DISEASE & STROKE	DISPARITY AMONG COUNTIES: Polk County	Warren County	Dallas County	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS: vs. IA	vs. US	vs. HP2030
Diseases of the Heart (Age-Adjusted Death Rate)	163.3	187.3	123.2	160.2	168.5	163.4	127.4
% Heart Disease (Heart Attack, Angina, Coronary Disease)	6.4	8.1	3.7	6.2	6.3	6.1	
Stroke (Age-Adjusted Death Rate)	31.6	41.9	31.2	32.6	32.6	37.2	33.4
% Stroke	2.4	5.0	0.9	2.4	3.1	4.3	

HEART DISEASE & STROKE (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
% Told Have High Blood Pressure	35.9	31.3	31.7	35.0	31.8	36.9	27.7
% Told Have High Cholesterol	32.4	42.4	45.6	34.9		32.7	
% 1+ Cardiovascular Risk Factor	85.0	88.3	83.4	85.1		84.6	
					better	similar	worse

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
No Prenatal Care in First Trimester (Percent)				26.4	25.4	17.3	
Low Birthweight Births (Percent)	7.2	6.6	6.6	7.1	6.7	8.2	
Infant Death Rate	4.9		3.9	4.6	5.1	5.6	5.0
Births to Adolescents Age 15 to 19 (Rate per 1,000)	21.1	16.2	3.5	18.3	13.5	12.7	31.4
					better	similar	worse

Note: In the section above, each county is compared against all other counties combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

	DISPARITY AMONG COUNTIES				TOTAL SERVICE AREA vs. BENCHMARKS		
INJURY & VIOLENCE	**Polk County**	**Warren County**	**Dallas County**	**Total Service Area**	**vs. IA**	**vs. US**	**vs. HP2030**
Unintentional Injury (Age-Adjusted Death Rate)	49.5	40.0	24.0	**44.9**	41.9	48.9	43.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)				**6.5**	10.7	11.3	10.1
[65+] Falls (Age-Adjusted Death Rate)	126.5	89.2	67.2	**115.1**	83.1	65.1	63.4
Firearm-Related Deaths (Age-Adjusted Death Rate)				**8.8**	8.9	11.9	10.7
Homicide (Age-Adjusted Death Rate)				**3.7**	2.9	6.1	5.5
Violent Crime Rate	368.6	351.4	193.9	**352.5**	283.0	416.0	
% Victim of Violent Crime in Past 5 Years	3.3	0.9	2.8	**3.0**		6.2	
% Victim of Intimate Partner Violence	17.8	2.9	17.2	**16.5**		13.7	

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better | similar | worse

KIDNEY DISEASE	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
Kidney Disease (Age-Adjusted Death Rate)	7.4		8.0	7.6	9.3	12.9	
% Kidney Disease	3.7	1.9	3.5	3.6	2.2	5.0	
					better	similar	worse

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MENTAL HEALTH	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
% "Fair/Poor" Mental Health	26.3	9.7	22.4	24.5		13.4	
% Diagnosed Depression	38.6	17.3	28.3	35.6	16.2	20.6	
% Symptoms of Chronic Depression (2+ Years)	45.0	23.4	33.4	41.8		30.3	
% Typical Day Is "Extremely/Very" Stressful	22.2	6.3	19.4	20.6		16.1	
Suicide (Age-Adjusted Death Rate)	15.0	17.4	11.6	14.7	15.7	14.0	12.8
Mental Health Providers per 100,000	133.0	10.0	52.8	111.7	46.4	55.5	

MENTAL HEALTH (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
% Taking Rx/Receiving Mental Health Treatment	27.2	19.5	31.9	27.2		16.8	
% Unable to Get Mental Health Services in Past Year	12.3	0.5	7.7	10.7		7.8	
% [Child 5-17] Needed Mental Health Services in the Past Year				21.4			

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better similar worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
Population With Low Food Access (Percent)	19.0	27.5	16.4	19.4	21.4	22.4	
% "Very/Somewhat" Difficult to Buy Fresh Produce	20.5	8.4	16.2	19.0		21.1	
% 5+ Servings of Fruits/Vegetables per Day	31.1	27.2	32.5	30.9		32.7	
% No Leisure-Time Physical Activity	22.6	13.6	20.3	21.6	26.5	31.3	21.2
% Meeting Physical Activity Guidelines	27.0	26.4	20.7	26.2	20.1	21.4	28.4

NUTRITION, PHYSICAL ACTIVITY & WEIGHT (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
% Child [Age 2-17] Physically Active 1+ Hours per Day				40.1		33.0	
Recreation/Fitness Facilities per 100,000	1.9	1.3	2.1	1.9			
% Overweight (BMI 25+)	64.8	79.8	69.1	66.6	68.3	61.0	
% Obese (BMI 30+)	33.8	34.8	36.0	34.2	33.9	31.3	36.0
% Children [Age 5-17] Overweight (85th Percentile)				29.1		32.3	
% Children [Age 5-17] Obese (95th Percentile)				23.1		16.0	15.5

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better similar worse

ORAL HEALTH	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
% Have Dental Insurance	79.3	84.0	83.1	80.1		68.7	59.8
% [Age 18+] Dental Visit in Past Year	59.1	73.3	66.5	61.2	70.8	62.0	45.0
% Child [Age 2-17] Dental Visit in Past Year				88.4		72.1	45.0

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better similar worse

POTENTIALLY DISABLING CONDITIONS	DISPARITY AMONG COUNTIES			TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County	Total Service Area	vs. IA	vs. US	vs. HP2030
% 3+ Chronic Conditions	38.0	30.4	34.7	36.9		32.5	
% Activity Limitations	29.9	21.9	24.6	28.6		24.0	
% With High-Impact Chronic Pain	20.9	9.2	16.1	19.4		14.1	7.0
Alzheimer's Disease (Age-Adjusted Death Rate)	37.2	58.7	41.3	39.7	32.1	30.4	
% Caregiver to a Friend/Family Member	22.5	24.6	23.3	22.8		22.6	

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RESPIRATORY DISEASE	DISPARITY AMONG COUNTIES			TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County	Total Service Area	vs. IA	vs. US	vs. HP2030
CLRD (Age-Adjusted Death Rate)	46.4	47.4	40.1	45.7	44.7	39.6	
Pneumonia/Influenza (Age-Adjusted Death Rate)	12.2	12.0	8.8	11.7	14.0	13.8	
% [Age 65+] Flu Vaccine in Past Year				83.4	65.0	71.0	

RESPIRATORY DISEASE (continued)	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
% [Adult] Asthma	14.8	5.7	6.3	12.9	8.0	12.9	
% [Child 0-17] Asthma				7.4		7.8	
% COPD (Lung Disease)	8.2	4.1	2.0	7.1	6.1	6.4	

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better similar worse

SEXUAL HEALTH	DISPARITY AMONG COUNTIES			Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS		
	Polk County	Warren County	Dallas County		vs. IA	vs. US	vs. HP2030
HIV/AIDS (Age-Adjusted Death Rate)				1.1	0.6	1.9	
HIV Prevalence Rate	198.6	40.3	80.9	169.1	106.0	372.8	
Chlamydia Incidence Rate	650.4	301.0	312.9	574.6	466.7	539.9	
Gonorrhea Incidence Rate	283.7	73.8	50.4	233.8	153.8	179.1	

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better similar worse

SUBSTANCE ABUSE	DISPARITY AMONG COUNTIES: Polk County	Warren County	Dallas County	Total Service Area	TOTAL SERVICE AREA vs. BENCHMARKS: vs. IA	vs. US	vs. HP2030
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	10.2		9.0	**9.8**	9.2	11.1	10.9
% Excessive Drinker	30.8	41.4	20.1	**30.3**	22.5	27.2	
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)				**13.7**	8.6	18.8	
% Illicit Drug Use in Past Month	6.4	0.0	0.0	**4.7**		2.0	12.0
% Used a Prescription Opioid in Past Year	13.7	8.8	15.6	**13.5**		12.9	
% Ever Sought Help for Alcohol or Drug Problem	8.0	2.3	4.3	**7.1**		5.4	
% Personally Impacted by Substance Abuse	45.3	29.2	42.2	**43.7**		35.8	

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TOBACCO USE	DISPARITY AMONG COUNTIES			TOTAL SERVICE AREA vs. BENCHMARKS			
	Polk County	Warren County	Dallas County	Total Service Area	vs. IA	vs. US	vs. HP2030
% Current Smoker	20.1	6.1	7.4	**17.3**	16.4	17.4	5.0
% Someone Smokes at Home	18.7	0.8	13.1	**16.5**		14.6	
% [Household With Children] Someone Smokes in the Home				**14.6**		17.4	
% [Smokers] Have Quit Smoking 1+ Days in Past Year				**40.8**	51.7	42.8	65.7
% [Smokers] Received Advice to Quit Smoking				**51.4**		59.6	66.6
% Currently Use Vaping Products	8.4	1.1	8.8	**7.9**	4.0	8.9	
					better	similar	worse

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